## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Joshua E. CLAPPER

Title:

CHILD SLEEPING ASSEMBLY WITH INCLINABLE SLEEPING

**SURFACE** 

Appl. No.:

Unknown

Filing Date:

03/25/2004

Examiner:

Unknown

Art Unit:

Unknown

## **UTILITY PATENT APPLICATION TRANSMITTAL**

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Joshua E. CLAPPER 565 Hidden Valley Road King of Prussia, PA 19406

	[	]	Applicant claims small entity status under 37 CFR 1.27.
Enclos	ed a	ıre:	
	[ X	[]	Specification, Claim(s), and Abstract (16 pages).
	[ X	[]	Formal drawings (11 sheets, Figures 1A-6C).
	[ X	[]	Unexecuted Declaration and Power of Attorney (4 pages).



[	]	Assignment of the invention to Graco Children's Products Inc.
[	]	Assignment Recordation Cover Sheet.
[	]	Small Entity statement.
[	]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[	]	Information Disclosure Statement.
	]	Form PTO/SB/08 with copies of listed reference(s).
[ ]	( )	Application Data Sheet (37 CFR 1.76).
[	]	Claim for Convention Priority.

## The filing fee is calculated below:

	Claims		Included		Extra		Rate		Fee
	as Filed		in		Claims				Totals
			Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total	27	-	20	=	7	X	\$18.00	=	\$126.00
Claims:									
Independents	2	-	3	=	0	X	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present: + \$290.00									\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of + \$130.00								=	\$130.00
Executed Dec	laration and	l late	payment o	f fil	ing fee				
					_		SUBTOTAL:	=	\$1026.00
[ ]		Sm	all Entity I	rees	Apply (	subtra	act ½ of above):	=	\$0.00
					Т	OTA	L FILING FEE:	= '	\$1,026.00

- [ ] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date march 25, 2004

FOLEY & LARDNER LLP

Customer Number: 22428

Telephone: (202) 672-5428 Facsimile: (202) 672-5399 Mary Michelle Kile Attorney for Applicant Registration No. 35,217

By many mihelle Kile